

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Pete Aguilar for Congress**

Full Name (Last, First, Middle Initial)

**A. Accurate Word**

Mailing Address 4481 White Plains Ln

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2015

City	State	Zip Code
White Plains	MD	20695-3018

Purpose of Disbursement  
Printing of Campaign Materials

Amount of Each Disbursement this Period

530.00
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Transaction ID : VN7K39TYAP1

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2015

City	State	Zip Code
Cambridge	MA	02138-5106

Purpose of Disbursement  
Credit Card Processing Fee

Amount of Each Disbursement this Period

1353.40
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Transaction ID : VN7K39TVYS5

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2015

City	State	Zip Code
Cambridge	MA	02138-5106

Purpose of Disbursement  
Credit Card Processing Fee

Amount of Each Disbursement this Period

411.21
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Transaction ID : VN7K39TVYT3

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2294.61